



August 17, 2009

AUG 18 2009

Kentucky Department for Environmental Protection
Division of Water
14 Reilly Road
Frankfort, Kentucky 40601-1190

SUBJECT: KPDES Renewal Application for Kinder Morgan – Owensboro Gate Terminal
KPDES Number: KY0104566 AI ID: 34359

Program Coordinator:

Enclosed, please find the subject renewal application. The current permit includes process water discharge requirements. OGT no longer handles or processes lime and is submitting this renewal for coverage as storm water only.

Kinder Morgan – Owensboro Gate Terminal (OGT) will forward a check for 20% of the \$1000.00 permit fee (\$200.00) under separate cover. Kinder Morgan has included a copy of a recent Discharge Monitoring Report showing the analytical results of sampling from the outfalls. Due to current dry weather, the required Form F will be submitted as soon as it can be made available.

With this renewal application, OGT is requesting the following changes from the previous permit requirements:

- Combining of similar outfalls; we wish to reduce the number of outfalls sampled to a total of 4 by eliminating sampling on similar outfalls. Outfalls 003 and 004 discharge from areas that store the same materials. Additionally, Outfall 004 discharges only a few times in the year and only after long and locally heavy rain events. OGT requests that samples for Outfall 003 be deemed representative for Outfall 004. Outfalls 005 and recently activated Outfall 006 discharge from the same storage area. OGT requests that Outfall 005 be deemed representative of Outfall 006.
- Reduction of analytical parameters; OGT receives and stores aluminum ingot/bar. OGT is requesting to have that analytical requirement eliminated at Outfall 003, 005, 002 and 001, assuming the combining request is approved. The surface covering the fly-ash fill area has stabilized and does not exhibit any signs of erosion or impact to storm water. OGT request that the analytical parameters of Arsenic (As), Copper (Cu) and Lead (Pb) be removed for Outfall 003, assuming the combining request is approved.

If you have any questions or require more information, please contact our facility's EHS Manager, Carol Hummel, at (513) 941-0500 extension 15.

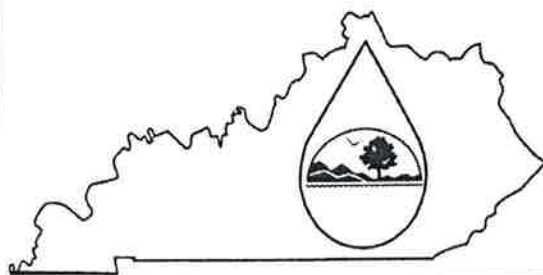
Regards,

Derek Fogle, Terminal Manager
(270) 264-1045 x215

CC: Terminal Files
Regional EDMS Portal

KPDES FORM 1

A1#923



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

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I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE		0104566	
A. Name of Business, Municipality, Company, Etc. Requesting Permit					
B. Facility Name and Location			C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.		
Facility Location Name: KINDER MORGAN TERMINALS - OWENSBORO GATEWAY			Facility Contact Name and Title: Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> DEREK FOGLE		
Facility Location Address (i.e. street, road, etc., not P.O. Box): 7550 TERMINAL ROAD			Mailing Address: 7550 TERMINAL ROAD		
Facility Location City, State, Zip Code: MACEO, KY 42355			Mailing City, State, Zip Code: MACEO, KY 42355		
D. Owner's name (if not the same as in part A and C): KINDER MORGAN TERMINALS, LLC			Facility Contact Telephone Number: (270) 264-1045 x215		
Owner's Mailing Address: 500 DALLAS ST. HOUSTON, TX 77002			Owner's Telephone Number (if different): (713) 361-9000		
II. FACILITY DESCRIPTION					
A. Provide a brief description of activities, products, etc: A RIVER BARGE TERMINAL THAT STORES AND LOADS DRY-BULK MATERIAL					
B. Standard Industrial Classification (SIC) Code and Description					
Principal SIC Code & Description:		4491 - RIVER BARGE TERMINAL			
Other SIC Codes:					

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: DAVIESS	City where facility is located (if applicable): NA
C. Body of water receiving discharge: OHIO RIVER AND KELLEY CREEK	
D. Facility Site Latitude (degrees, minutes, seconds): N 37° 50' 40"	Facility Site Longitude (degrees, minutes, seconds): W 87° 02' 20"
E. Method used to obtain latitude & longitude (see instructions): GPS RECEIVER	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): NA	

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: NA	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: NA KY0104566	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	S-01-032 (REV)	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	KINDER MORGAN TERMINALS, LLC OWENSBORO GATEWAY TERMINAL (OGT)
DMR Official Telephone Number:	(270) 264-1045 x 215

B. DMR Mailing Address:	
<ul style="list-style-type: none"> Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address. 	
DMR Mailing Name:	McCOY AND McCOY LABORATORIES, INC.
DMR Mailing Address:	825 INDUSTRIAL ROAD
DMR Mailing City, State, Zip Code:	MADISONVILLE, KY 42431

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:


NON-PROCESS INDUSTRY

Filing Fee Enclosed:

\$200⁰⁰

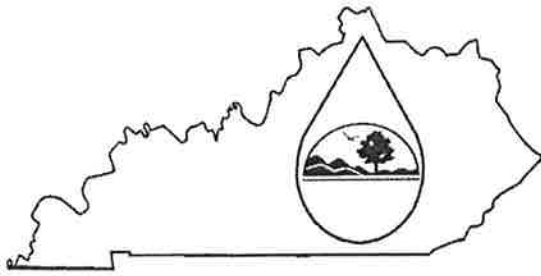
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> DEREK FOGLE	(270) 264-1045 x 215
SIGNATURE	DATE:
	8/17/09

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
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For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
001	W 37	50	40	N 87	02	21	OHIO RIVER
002	W 37	50	31	N 87	02	17	KELLY CREEK
003	W 37	50	46	N 87	02	09	KELLY CREEK
004	W 37	50	48	N 87	02	21	KELLY CREEK
005	W 37	50	33	N 87	02	16	KELLY CREEK
006	W 37	50	33	N 87	02	16	KELLY CREEK

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	0 sqft	869672 sqft	004	0 sqft	478279 sqft
002	0 sqft	476110 sqft	005	0 sqft	624441 sqft
003	0 sqft	229390 sqft	006	0 sqft	624441 sqft

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

STORAGE BASIN AT 002 CONTAINS SALT


ALL OTHER BASINS STORE ALUMINUM

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table I-1
001 002 004 005	ALL BASINS HAVE STORM WATER DETENTION PONDS TO FACILITATE SEDIMENTATION/SETTLING	I-U

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
DEREK FOGLE, TERM MGR		8/17/09

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

OBSERVED ALL OUTFALLS DURING DRY WEATHER. NO FLOW WAS SEEN.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

F: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☐ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary)
☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
McCoy & McCoy LABORATORIES	825 INDUSTRIAL ROAD MADISONVILLE, KY 42431	(270) 821-7375	pH Al TSS Mn O&G CO Fe FLOW HARDNESS

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ DEREK FOGLE, TERMINAL MANAGER
SIGNATURE

(270) 264-1045 x 215

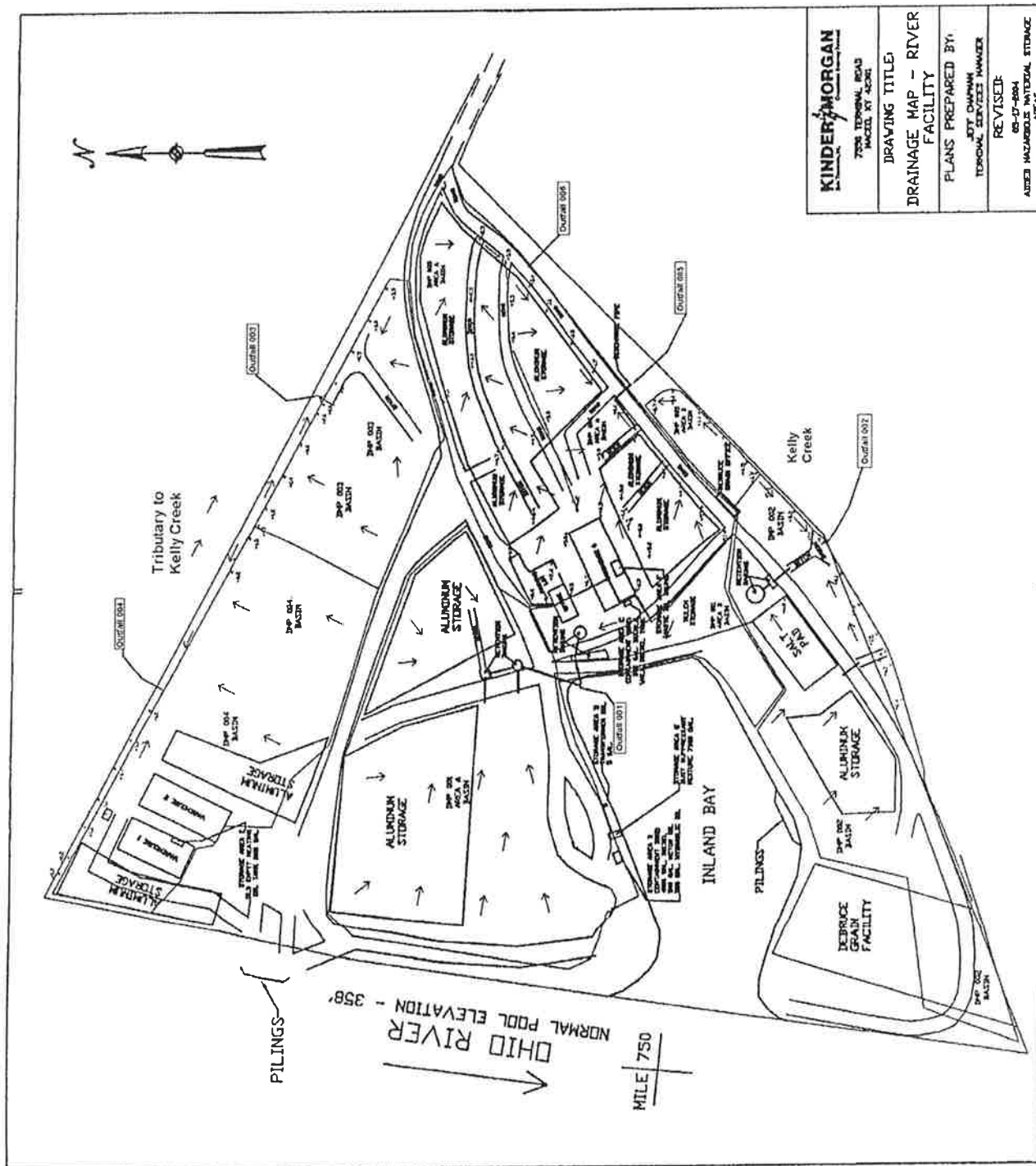
DATE SIGNED

8/17/09

OWENSBORO EAST QUADRANGLE
KENTUCKY-INDIANA
7.5 MINUTE SERIES (TOPOGRAPHIC)

3659 IV NW
LEWISPOP





KINDERMORGAN

7001 TERMINAL ROAD
MADISON, KY 40361

DRAWING TITLE:
**DRAINAGE MAP - RIVER
FACILITY**

PLANS PREPARED BY:

JOY CHAMBERLAIN
TERMINAL SERVICES MANAGER

REVISED:

08-17-2004
ADDED HAZARDOUS MATERIAL STORAGE
AREAS